



County of Fairfax

Quarterly Tax Return for a Short Term Rental Business
Mail Form To: 12000 Government Center Pkwy, Suite 261, Fairfax, VA 22035

2003

For Office Use Only

Federal Tax Identification Number _____
Virginia Sales Tax Number _____
Business Telephone Number _____
Date Business Began In Fairfax County _____
Description of Property Rented _____

Owner Name _____
Trade Name _____
Headquarters Location _____
Fairfax County Business Location _____
Mailing Address _____
Business Tax Contact _____
(Name and Phone Number) _____

THE FOLLOWING INFORMATION MUST BE COMPLETED (refer to enclosed completion instructions)

The receipts reported are for the quarter ending: _____ March 31, _____ June 30, _____ September 30, _____ December 31

- | | | | |
|----|---|----------------|-------|
| 1 | Total Gross Receipts | 1 | _____ |
| 2 | Total Gross Rental Receipts | 2 | _____ |
| 3 | Total Rental Receipts Involving <u>Personal Services</u> and Rental Property NOT Owned | 3 | _____ |
| 4 | Adjusted Gross Rental Base (subtract line 3 from line 2) | 4 | _____ |
| 5 | Total Receipts from Short Term Rental (rentals of 92 days or less) | 5 | _____ |
| 6 | Exempted and/or Excluded Rentals | 6 | _____ |
| 7 | Adjusted Daily Short Term Rental Receipts (subtract line 6 from line 5) | 7 | _____ |
| 8 | Total Daily Rental Tax Collected
Enclose a check for the exact amount | 000018 0385 8 | _____ |
| 9 | Penalty for Late Payment
(10% of Tax Past Due or \$10.00; whichever is greater) | 000018 0386 9 | _____ |
| 10 | Interest (10% per year on the sum of lines 8 and 9) | 000018 0387 10 | _____ |
| 11 | Total Daily Rental Tax Paid (add lines 8, 9 and 10) | 11 | _____ |

For information call (703) 324-3754

This return must be filed and taxes paid no later than the 20th of the month following the end of the quarter.

I the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

Signature

Title

Date